

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

County \_\_\_\_\_

Michigan Department of Agriculture / Pesticide & Plant Pest Management Division  
525 W. Allegan St., Lansing, MI 48909 Telephone (517) 335-0730 FAX (517) 335-4540

## INCIDENT REPORTING FORM

### 1. INCIDENT SITE / TYPE OF ACCIDENT

Location _____	_____ COUNTY _____ Incident Site
Nearest Intersection/ Landmark	
Type of Incident that occurred	Spill _____ Crash _____ Fire _____ Other _____ _____
Hazards	Traffic _____ Personal _____ Environmental _____ Other _____ _____
Injuries that Occurred	Name of victim(s) _____ Type of injury(s) _____

2. ACCIDENT TYPE & DESCRIPTION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 3. AIRCRAFT INFORMATION

Aerial Contractor Name / State	Pilot Name	License Number	Tail Number

### 4. WEATHER CONDITIONS

Weather	Temperature	Humidity

MDA Block Advisor (signature)	Region	Date

## INCIDENT REPORTING INSTRUCTIONS

Use the attached "Incident Reporting Form" to report ALL gypsy moth related incidents, i.e. accidents, crash, spills, etc. (as soon as they have occur). Complete this form by including FULL details about the incident. (attach additional sheets if needed) .

**REPORT IMMEDIATELY:**      **To: Mike Philip (517) 335-0730**  
**FAX a copy to Lansing Office, Attn: Sherri Fedewa (517) 335-4540.**

### 1. INCIDENT SITE / TYPE OF ACCIDENT

#### Location

- . Incident Site: Record specific site where incident occurred.
- . County: Record the county the accident took place in.

#### Nearest Intersection / Landmark

- . Record nearest intersection and helpful landmarks in the area.

#### Type of Incident that Occurred

- . Place a check mark by type of incident that occurred: spill, crash, fire or other.

#### Hazards

- . Place a check mark by type of hazard: traffic, personal, environmental or other.

#### Injuries that Occurred

- . Record full name of each victim(s) involved in the incident.
- . Record injuries that occurred to each victim(s).

### 2. INCIDENT TYPE AND DESCRIPTION

- . Record in detail description of the incident.

### 3. AIRCRAFT INFORMATION

- . Record aerial contractors name, and home state.
- . Record pilots full name.
- . Pilots current license number.
- . Tail number of aircraft involved in the incident.

### 4. WEATHER CONDITIONS

- . Weather: Record conditions: rain, snow, sleet, etc.
- . Temperature: Record temperature when incident took place.
- . Humidity: Record humidity when incident took place.

MDA Block Advisor signature, Region and Date